

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-63-008071**

STATE FILE NUMBER

Registration District No. 295 Primary Registration District No. 6015 Registrar's No. 170

**FILED MAR 11 1963**

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Randolph</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>Randolph</u>  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Salt Springs</u>  |   | Length of stay in 1b<br><u>12 Years</u>   | c. CITY OR TOWN <u>Higbee</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Pleasant View Nurs Home</u>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>None</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Sarah</u> Middle <u>Elizabeth</u> Last <u>Carpenter</u>  |   | 4. DATE OF DEATH<br>Month: <u>3</u> Day: <u>6</u> Year: <u>63</u>   |   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br><u>11/25/1878</u>   |
| 9. AGE (last birthday)<br><u>84</u>   |   | IF UNDER 1 YEAR<br>Months: Days: Hours: Min.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House Wife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>New Market Iowa</u>  |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |   | 13a. FATHER'S NAME<br><u>Nathan Easter</u>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><u>Nancy McCune</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Edgar A. Carpenter</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |   | 16. SOCIAL SECURITY NO.   |   |
| 17. INFORMANT<br><u>Harry Morgan Moberly, Mo.</u>   |   | Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u><br>DUE TO (b) <u>Cerebral Thrombosis</u><br>DUE TO (c) <u>Arteriosclerosis</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 day</u><br><u>1 week</u><br><u>?</u>   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour: a.m. p.m.<br>Month, Day, Year  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE  |   |   |
| 21. I attended the deceased from <u>Oct. 1962</u> to <u>March 6, 1963</u> and last saw her alive on <u>March 6, 1963</u><br>Death occurred at <u>9:45 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22a. SIGNATURE<br><u>M. C. Copley M.D.</u> (Degree or title)  |   |
| 22b. ADDRESS<br><u>Huntsville Mo</u>  |   | 22c. DATE SIGNED<br><u>3-8-63</u>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>3-8-63</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Higbee City</u>  |   |
| 23d. LOCATION (City, town, or county)<br><u>Higbee Missouri</u>   |   | 23e. DATE RECD. BY LOCAL REG.<br><u>3-8-63</u>  |   |
| 23f. REGISTRAR'S SIGNATURE<br><u>Donna Patterson</u>  |   | 23g. FUNERAL DIRECTOR<br><u>Million &amp; Greer Moberly, Mo</u>   |   |

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

6880

2880

3

4 1

5 2

6

7 1

8 2

9332X

10

11

12 86-2

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John A. Green

Licensed Embalmer No. 3815

P. O. Address Moberly, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.